ganisms produce similar symptoms, but can not be differentiated without a microscopic examination of the stool.

The infectious diarrhoea caused by the Shiga or Flexner organisms, begins with from twenty to thirty or more movements occurring in twenty-four hours. These stools are large, watery, usually green, containing small fine curds, pus, blood, and a considerable amount of mucus. There is tenesmus which will often produce prolapsed rectum. Vomiting is present. The temperature reaches 105° or higher accompanied with great prostration, weak pulse, and often cyanosis. The loss of body fluid is shown by the depressed fontanelle, dry skin, sunken eyes, etc. The prognosis is grave, as very few babes can recover.

Treatment. We can not act too quickly in these cases. They are usually given castor oil and all food is withheld. Sterile water is given, the amount to be the same as the amount of food the babe takes when well. This is very important, and if the child will not take it, it must be given subcutaneously, It cannot be given by rectum, because of the irritation there. Normal saline is used. It has been proved that in these cases of diarrhoea, after catharsis and starvation, the babes do well if given lactose 5 per cent, which supplies some nourishment and also antagonizes the bacteria.

Colon irrigation is used to great advantage, as cleanliness is important. This can be given once or twice daily, depending entirely upon the reaction. If there is collapse it ought not to be used. Convalescing is extremely hard. Milk should be withheld for a long time, the diet beginning with barley water, and making a *very gradual* return to the normal.

The diarrhoea caused by the strepto-coccus bacillus is severe. The babes do not respond to treatment and usually die within a few hours.

The diarrhoea caused by the gas bacilli is not severe, the babe rarely dies. These cases have been successfully treated by buttermilk.

THE CARE OF THE BREASTS AND HOW TO INCREASE BREAST MILK

By MARTHA W. MOORE, R.N.

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A query in the February JOURNAL, sent by a Kansas nurse, "How can breast milk be increased?" suggested this topic, and could be answered by itself; but there is so much to be said on the care of the breasts, leading up to this question, which is helpful to the nurse, that the subjects can be considered together. I have often thought that either or both of these subjects would be excellent material for a doctor's lecture

to an alumnae association. Many a nurse during her first few years of private work would be glad of such help. As I look back, it seems to me that I knew very little about the detail of this work when I started out as a graduate, although I did not display my ignorance. We do not have as great responsibility in the hospital, nor do we watch the cases individually, as we do when outside.

Every nurse knows the general rules for the care of the breasts. Sometimes on private work a doctor will give special directions during the first week, and on the next case the doctor will give absolutely no help, even when the nurse is anxious and is looking for it. I think I have added more to my gray hair by worrying over breasts than in any other way.

I find the most satisfactory treatment during engorgement is to use hot stupes. A breast pump is not of any use until the breasts are well filled, and personally I like to forget there is such a thing unless it is absolutely necessary. A good rule to remember is that the baby is the best breast pump ever invented. A binder is applied, of course, to support the breasts, but must not be used too snug after the first week.

A very good way to ease the difficulty, either in case of overfull breasts or when a lump is present is to have the baby nurse the right breast from the left side of the patient, placing a pillow for the baby to lie on to bring him high enough, The next time, the left breast from the right side, if necessary. This will empty the breast where most needed. I have found this a wonderful help.

Massage was taught in our hospital practice, but I find that many cases can get on without it, much to the relief of both patient and nurse, for it is nearly always painful. I remember a colored patient in the hospital whose breasts were very swollen and sore when the milk came in. Massage was ordered, and when one nurse was tired another was put on. Poor patient! I wonder how she stood it. Hot stupes would have been so much more comfortable! Some doctors instruct the nurse not to massage, giving as a reason, the possible bruising of the breast. The nurse may resent this mentally, feeling that *she* knows how to massage, but there is nothing more sensitive than a sore breast, and it would be an easy matter to bruise it, even with the lightest handling.

In case of a lump appearing after the first week is over, we at once think, "Cold—how did she get it?" but I have found in several cases that the doctors say it is an obstructed duct. This, of course, is not the fault of the nurse, (we hope, in case of cold, the nurse is not at fault either). A hot water bag or hot stupes is good, though some doctors order cold application. Then when the baby is put to the breast, a little gentle massage over the spot helps open the duct.

Cold in the breast is preceded by chill, more or less severe, and followed by fever. An ice cap over the sore spot is the best treatment, much to the distress of the mothers and grandmothers. The patient however finds it very comforting and the sore spot is gone in twenty-four to forty-eight hours. Sometimes it is necessary to put the baby to the sore breast at each nursing (while it lasts) and empty the other with the breast pump.

I wonder if other nurses have as trying experiences as I, with sore nipples, in one or two cases, it seemed as if nothing would heal them. Ordinarily, in mild cases, keeping the nipples sterile and using cocoa butter, or when that fails, castor oil and bismuth sub-nitrate, will heal them; but in cases where there is a fissure, we have more trouble and nursing time is dreaded by both patient and nurse. The glass nipple shield is quite necessary at this time to relieve the patient and give the fissure a chance to heal.

At a recent case, the doctor used a remedy which worked like magic. It was touching the fissure with a silver nitrate pencil. It was very painful but soon over, and in a few days, the nipple was entirely healed. Perhaps this is not new to all, but it was to me, and upon asking if a nurse would be justified in using silver nitrate the doctor replied that she would, as every hour counted, and it could be used by the nurse as soon as the fissure appeared.

The three-hour schedule for nursing the baby is being used more and more and is usually found successful. Discretion must be employed and in cases where the baby is delicate or premature, a closer interval is needed, but the old idea that we *must* feed the baby every two hours is passing out. Nurses will agree that they are more ready for food, and nurse much better than when we had to shake them and wash their faces with cold water to waken them at the two hours interval. One can try two and a half hours if three seems too long, but there are few babies who need food every two hours.

Now as to the diet for nursing mothers; it has taken me a good many years to get down to good, concise rules. This collection has been gathered from good doctors and from experience and will be found successful *providing the mother is a milk producer.*

I believe we should consider *every* mother able to nurse her baby until everything possible has been done without avail. One doctor told a patient that he believed every mother could nurse her baby. At the end of the second week he was obliged to order supplementary feedings, for the baby's sake, but he said to the mother, "I still believe that if you were on a desert island where there was not a cow, a can of condensed milk, or a bottle of malted milk, you could feed your baby. He might not gain at first, but in time you could do it."

After the first influx is over and the breasts settle down, the nurse can tell by careful watching whether the supply is sufficient and how the quality is. If there is plenty and the baby is satisfied and gaining, three good meals a day for the mother, is much more satisfactory than crowding lunches between, however if it is necessary for the mother's sake or for the milk, the extra lunches between meals and at bed time are excellent. To increase the flow of milk a quantity of fluid is indicated, but do not give so much fluid that the patient cannot eat a good meal with plenty of vegetables. Meat makes quality in milk and vegetables make quantity. A tiger is said to have the richest milk of any animal, and is strictly a meat eating animal.

In the vegetable line creamed carrots are the best of all, string beans come next, then beets, peas and others. Give good helpings and give them twice a day. Vegetable soup is valuable, both on account of the vegetables and the fluid.

Cocoa is good and may be given with or between meals. Care should be taken in making it. Use one teaspoon to one cup of milk, otherwise if too rich the patient will tire of it, or find it indigestible. Tea and coffee are *not* good during lactation but if the mother is accustomed to coffee, one cup for breakfast may be allowed. If tea is taken it should be very weak, to act as a fluid. Gruel is a fine milk producer, corn meal being the best of all, and oat meal next. If gruel is greatly disliked either of these cereals may be given liberally with milk. One doctor has said that milk is no better than any other fluid, except that it is nourishing and is a fluid. Last but not least, encourage your patient to drink water very freely.

After the mother is up and around she should exercise in moderation, not neglecting a walk out of doors and a good rest in the middle of the day. She should not tax her strength too soon. Ten days for a nurse's stay is too short, unless there is someone who can take full charge of things in her place. Three weeks is the earliest the mother should be left alone. A good milk supply is often spoiled by the patient getting about too soon.

I knew of a case where the doctor found this condition, when the baby was one month old, and threatened to put the mother back to bed. She was very strong and had kept the nurse only a short time. In this case it was quite disastrous, as the baby developed frightful eczema and the breast milk would have been so much better than any formula the doctor could give.

Another important item is, *No Worry*, as this thins and decreases milk more quickly than any thing else.

I think the nurses in the middle west and southwest must leave their

patients earlier than we do in the east, probably due to the number of nurses to the field.

An eastern girl married and went to Texas for a few years. Her first baby was born there and after ten days the nurse informed her patient that she was not needed any longer. Neither the young mother nor the father knew what to do with baby who grew more and more cross as the mother got up. The milk flowed so fast a nipple shield was tried with the result that the baby was not satisfied and had colic. The milk did not seem just right and there were some changes made in diet but the first few months were awful and the baby did not gain.

The second baby was looked forward to with dread, the family being back in the east, near their people this time. The doctor examined the milk, arranged diet and gave a digestive agent, then to control the freely flowing milk had the mother always *lie down* to nurse baby with the result that the boy was called an "Angel Child" and gained from eight to fourteen ounces a week. The third baby is now two months old and has the same title, but the nurse stayed *three* weeks with Number Two, and *four* weeks with Number Three.

As to an actual gathered breast this is a painful topic for both patient and nurse and the treatment must be left to the individual doctor in charge. It may be intimated that a nervous patient is quite apt to develop an inflamation without rhyme or reason, or it may be due to her own imprudence, beyond the oversight of the nurse. It may happily be dispersed by methods before spoken of, or it may go so far as to necessitate lancing before relief can be insured.

The mental attitude is a great factor in nursing. One mother under my observation nursed her fifth child more successfully than any preceding ones and a great deal was due to the mental attitude.

Let us all, as nurses, encourage and help mothers to nurse their babies and so help the great work of prevention of infant mortality.

WHY HOSPITAL POSITIONS ARE DESIRED

By JENNIE M. FONTAINE, R.N.

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I have been interested in the contributions to recent issues of the JOURNAL on "Why Are Hospital Positions Not Desired?" and will try to give my experience and my sentiment which are contrary to those given by some other superintendents.

We have at Wheeling, West Virginia, a most attractive hospital very